

# Maternal and Child Health 101



**MATERNAL AND CHILD HEALTH**  
**COLORADO DEPARTMENT OF PUBLIC  
HEALTH & ENVIRONMENT**

**[WWW.MCHCOLORADO.ORG](http://WWW.MCHCOLORADO.ORG)**

# Maternal and Child (MCH) Health



**“The professional and academic field that focuses on the determinants, mechanisms and systems that promote and maintain the health, safety, well-being and appropriate development of children and their families in communities and societies in order to enhance the future health and welfare of society and subsequent generations” (Alexander, 2004).**



# MCH Program Areas



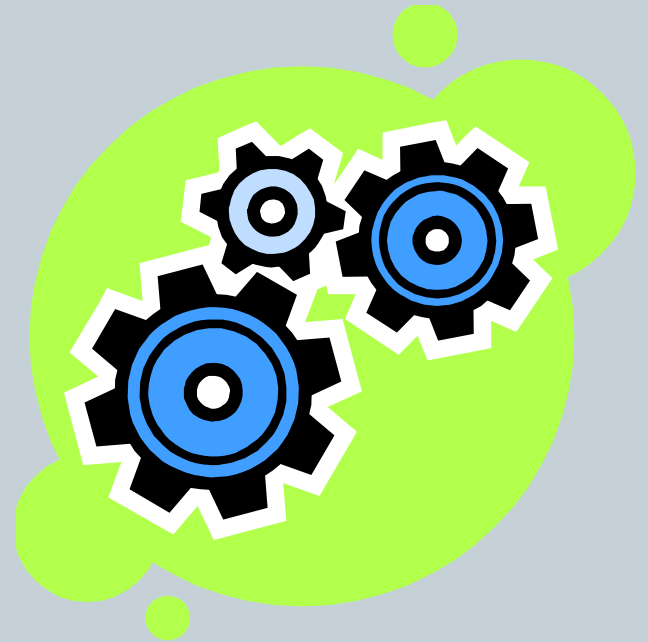
- Adolescent Health
- Child Health
- Children and Youth with Special Health Care Needs
- Family Planning
- Family and Consumer Involvement
- Health Equity
- HIV Prevention
- Infant Mortality
- Injury and Violence Prevention
- Mental Health

- Newborn Screening
- Overweight / Obesity
- Oral Health
- Prenatal Health
- Physical Activity
- Reproductive Health
- School Health
- Smoking and Tobacco Cessation
- STI / STD
- Teen Pregnancy Prevention
- Women's Health

# MCH System



- Federal / National,
- State, &
- Local Components



# Primary Federal / National Level Partners



- **Maternal and Child Health Bureau**
  - Housed within HRSA at Dept. of HHS



- **Association of Maternal and Child Health Programs**



- **CityMatCH**



# Maternal and Child Health Bureau



- **Mission:** To provide national leadership and to work in partnership with States, communities, public-private partners, and families to strengthen the maternal and child health (MCH) infrastructure, assure the availability and use of medical homes, and build knowledge and human resources in order to assure continued improvement in the health, safety, and well-being of the maternal and child health population.
- **Population:** All America's pregnant women, infants, children, adolescents, and their families—including women of reproductive age, fathers, and children with special health care needs.

# Title V – MCH Block Grant



- Began in 1935 as part of Social Security Act
- Administered by MCHB
- Only federal program devoted to improving the health of all women, children and families.
- Serves 33 million women and children in the U.S.
- 80 percent of all American children are served by one or more maternal and child health programs





# Title V – MCH Block Grant



- Provides \$640 million in formula funding to state MCH programs
- Competitive grant opportunities:
  - Special Projects of Regional and National Significance (SPRANS) grants;
  - Community Integrated Service Systems (CISS) grants.
  - Healthy Start Initiative

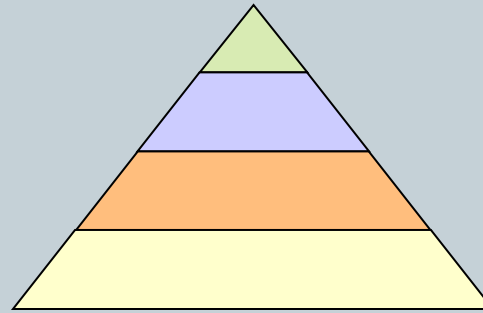




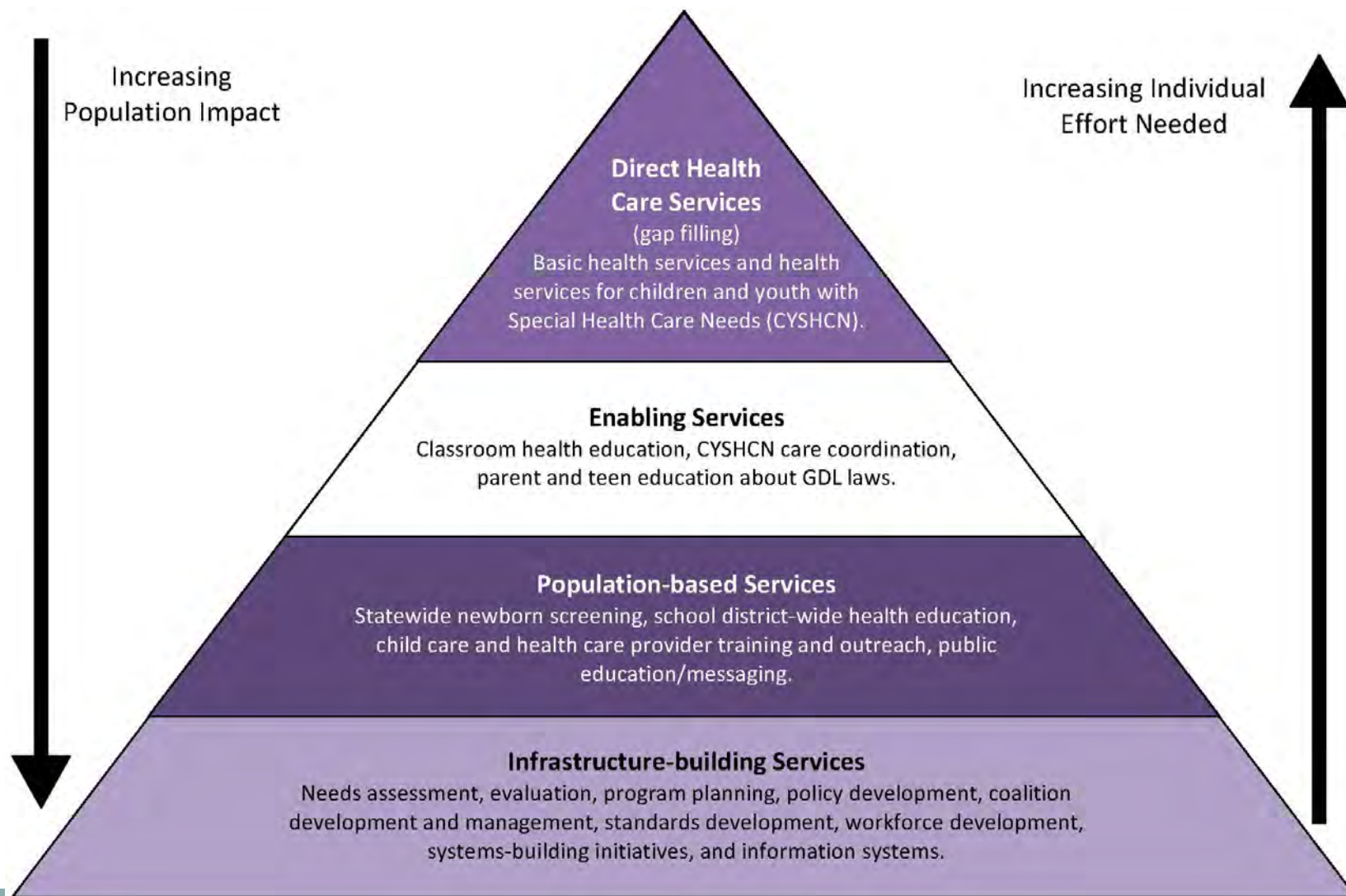
# National Efforts / Resources



- 18 National Performance Measures /6 Outcomes
- MCH Essential Services for Public Health
- MCH Pyramid
- MCH Navigator:  
<http://navigator.mchtraining.net/>



# MCH Intervention Strategies



# Colorado Maternal and Child Health

[www.mchcolorado.org](http://www.mchcolorado.org)



# Colorado's MCH Mission



- **Optimize the health and well-being of the MCH population by employing primary prevention and early intervention public health strategies\*\***

**\*MCH population includes women, children, youth, children and youth with special health care needs, and families.**

**\*\*Colorado MCH aligns its efforts with the MCH Pyramid and the 10 Essential MCH Public Health Services.**

**Colorado Department  
of Public Health  
and Environment**



# Colorado's MCH Strategic Direction



- Integrating MCH/CYSHCN efforts across the life course
- Attention to primary prevention and early intervention strategies
- Focus on population-based approaches to health

# Colorado's MCH Staff

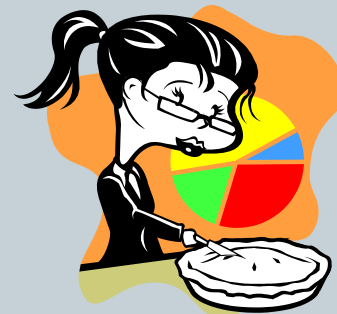


- **Director**
- **Unit Manager**
- **Health Planner**
- **Program Assistant**
- **3 MCH Generalists**
- **2 Core funded Units and MCH Program Staff – Children and Youth branch (including CSHCN) & Women's Health unit;**
- **Other Units and Program Staff in PSD – Immunization, Oral Health, COPAN, Nutrition Services, STEPP, ISVP**

# Colorado MCH Title V Funding



- \$7.2 million total
- \$2.88 million to state-level activities (40%)
- \$4.32 million to local partners and programs (60%)

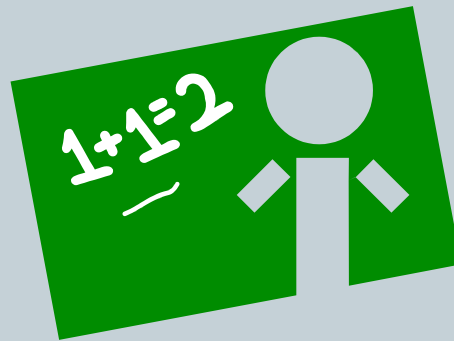


# Colorado MCH Program Administration



What we do and why:

**See Logic Model**





# Key State-level MCH Activities



- Title V Block grant application and reporting
- 5-year state-level needs assessment
- Manage budget and allocate funds to state-level programs
- Administer funds to MCH at local health agencies

# Key State-level MCH Activities



- **Oversee MCH data development, compilation, interpretation, and dissemination**
- **Promote evidence-based programs**
- **Professional development / training / TA to state and local partners**
  - Disseminate resources – local, state, national
  - Facilitate/coordinate learning opportunities (annual meeting, webinars, lab sessions)
  - Offer TA on program, administration issues



# State-level MCH Program Areas



- Child, adolescent and school health
- Children with special health care needs
- Prenatal
- Oral health
- Immunization
- Injury, suicide and violence prevention
- Physical activity and nutrition



# Colorado MCH Needs Assessment



- Occurred in 2010 for 2011-2015
- Purpose to identify 7-10 specific priorities that could be measurably impacted in five years using public health strategies
- Conceptual framework
  - MCH population – Integrated CSHCN
  - Life course model
  - Social determinants of health

# Needs Assessment Process



- Phase I – Collection of quantitative/ qualitative data to identify potential MCH priorities.
  - Expert Panel Process
  - Health Status Report
    - [www.cdphe.state.co.us/ps/mch/healthStatus.html](http://www.cdphe.state.co.us/ps/mch/healthStatus.html)
- Phase II – Stakeholder surveys.
- Phase III – Final prioritization, including identification of new priorities and State Performance Measures.

# Criteria for Establishing Priorities



- A clear MCH public health role exists.\*
- Evidence-based or promising practices exist to address the issue.
- Consistent with mission and scope of MCH – alignment with MCH SOW.
- Efforts could achieve measurable results in 5 years.

*\*Ability for MCH to impact*

# Colorado's MCH Priorities 2011-2015



- ❖ **Promote preconception health among women and men of reproductive age with a focus on intended pregnancy and healthy weight.**
- ❖ **Promote screening, referral and support for perinatal depression.**
- ❖ **Improve developmental and social emotional screening and referral rates for all children ages birth to 5.**

# Colorado's MCH Priorities 2011-2015



- ❖ Prevent obesity among all children ages birth to 5.
- ❖ Prevent development of dental caries in all children ages birth to 5.
- ❖ Reduce barriers to a medical home approach by facilitating collaboration between systems and families.



# Colorado's MCH Priorities 2011-2015



- ❖ Promote sexual health among all youth ages 15-19.
- ❖ Improve motor vehicle safety among all youth ages 15-19.
- ❖ Build a system of coordinated and integrated services, opportunities and supports for all youth ages 9-24.

# MCH Priorities and Winnable Battles



- **See Crosswalk!**



# MCH Steering Team



- Redefined role from needs assessment to implementation;
- Members:
  - Karen Trierweiler, Title V Director
  - Rachel Hutson, Children and Youth Branch Director
  - Esperanza Ybarra, Women's Health Branch Director
  - Gina Febbraro, Maternal and Child Health Unit Manager

# From MCH Priorities to State and Local Plans



- **Developed a new state-level infrastructure that:**
  - Promotes a coordinated approach between state and local MCH efforts;
  - Provides support and capacity-building among both state and local MCH staff;
  - Provides oversight and accountability to state and local-level work;

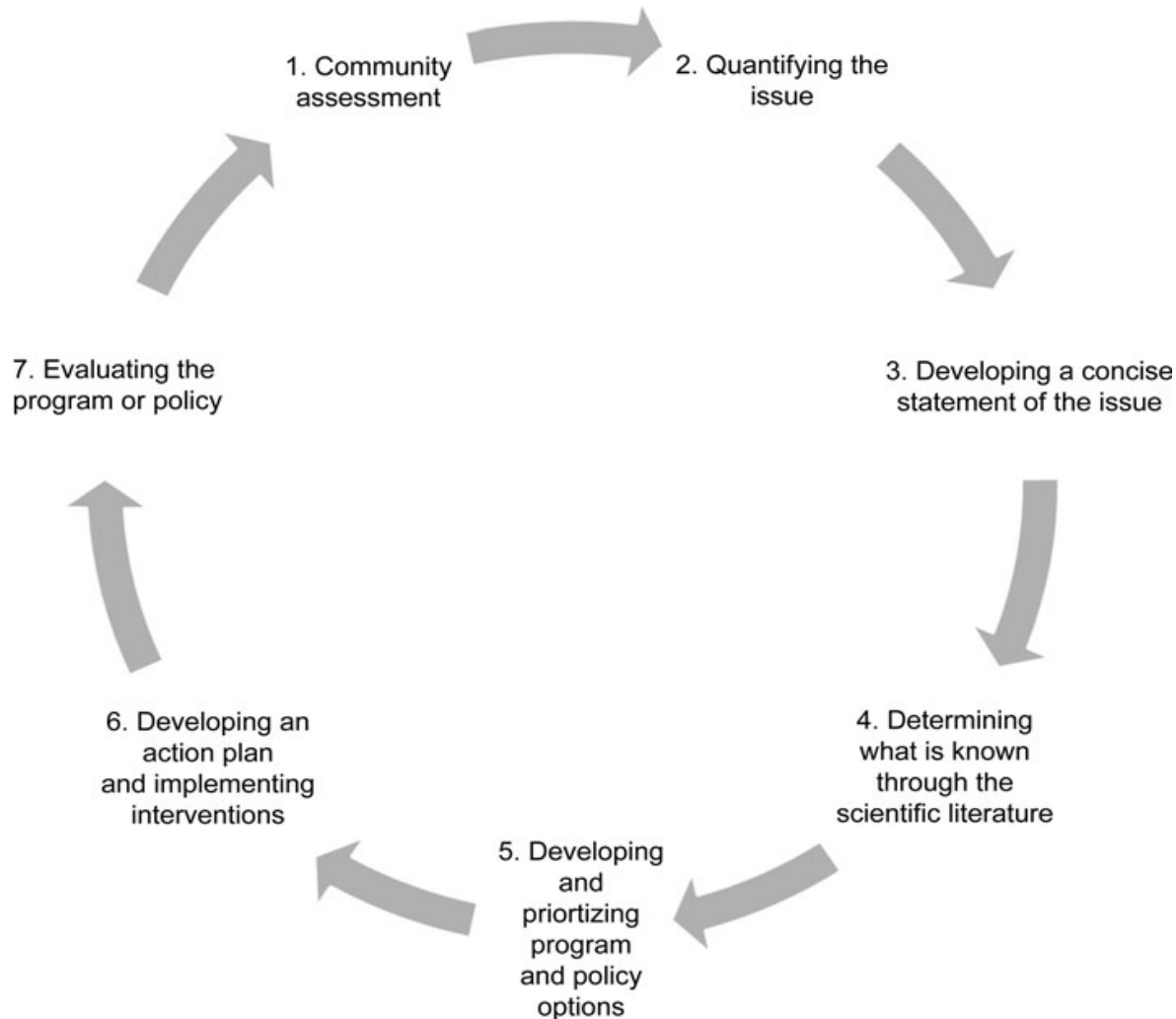
# MCH Implementation Teams (MITs)



- MIT formed for each MCH priority;
- State program staff person with expertise in the priority area leading each team;
- Teams (6-10 people) varied in composition: state, local stakeholders;
- Teams were required to complete a team charter.
- Required to engage local stakeholders for input/feedback;

# Brownson Evidence-based Public Health Model

Brownson, RC; Fielding JE; Maylahn CM. Ann. Rev. Public Heal



# MIT Work



- Develop state-level logic models and action plans that guide the next 3 years of work.
- Develop coordinated local-level logic models and action plans that guide the next 3 years of work.

# Local Maternal and Child Health in Colorado





# Local MCH Funding



**The local funding formula for MCH and HCP funding was revised over a 1.5 year process (January 2011 – October 2012)**

**Why?**

- **2008 Public Health Act, MCH Priorities, Address some funding inequities that evolved over time**

**How?**

- **Intensive communication and stakeholder engagement, including LPHA workgroup**

# MCH Local Funding Policy



- Use the same, consistent formula for all 55 LPHAs (MCH population x poverty of MCH pop.)
- Combine both MCH and HCP funding in order to provide more flexibility for LPHAs and due to integrated nature of priorities
- 3-year transition/mitigation plan beginning in FY13
- Align contract expectations with priorities and HCP program direction

# Alignment of Local MCH Funding <\$50,000



- Administered through Office of Planning and Partnerships – LPHA per capita contracts
- 41 LPHAs / Total of \$410,000
- \$1500-\$15,000 and \$15,000-\$50,000 Levels
  - HCP Model of Care Coordination with data entry in CYSHCN Data System (Required for higher level);
  - MCH priorities by implementing part or all of a state-developed local action plan related to an MCH priority;
  - Community health assessment process and public health improvement planning process;

# Alignment of Local MCH Funding >\$50,000



- Administered through state MCH/HCP Programs
- 14 LPHAs / Total of \$4.9 million
- Contract expectations
  - Required HCP Model of Care Coordination with data entry in CYSHCN Data System and medical home priority;
  - FY13 – 10% of funds focused on MCH priorities by implementing part or all of a local action plan; FY14 – 20%; FY15 – 30%

# Local MCH Funding >\$50,000



- The 14 LPHA's receiving over \$50,000 are required to participate in the MCH Planning Process
  - Alamosa, Boulder, Denver, El Paso, Jefferson, Larimer, Mesa, Northeast, Northwest Colorado VNA, Otero, Pueblo, San Juan Basin, Tri-County, Weld
  - Following presentation refers to these LHAs

# MCH Local Public Health Agency / State Fiscal Partnership



- Administered like a grant program
- Contractual relationship
- Funding based on funding formula
- Federal fiscal year (Oct 1 – Sept 30)
- Invoice for services rendered
- Contract management system
- Monitoring mechanisms
- Fiscal and program staff involved



# MCH Local Public Health Agency / State Program Partnership



- 3 population groups are funded: child/adolescent, women of reproductive age , and children with special health care needs
- State MCH Generalist Model
- State MCH Implementation Team Leads/Program Specialists
- Provide consultation, technical assistance, and professional development opportunities
- Supportive relationship – two way communication / sharing
- Opportunities for collaborative decision-making/planning



# MCH Local Public Health Agency Planning Process



- Begins in March prior to fiscal year start
- Intensive assessment and planning process in partnership with MCH Generalists / MCH Implementation Team leads/ EPE staff
- LPHAs create one-year action plans, budgets, budget narratives for each population area (child/adolescent, women of reproductive age, CYSHCN)
  - HCP care coordination and HCP specialty clinic facilitation:
    - ✦ Are included in the scope of work; they do not require an action plan
    - ✦ Require a separate budget and budget narrative



# LPHA Assessment & Planning



- Orientation meetings on planning process occur in the spring
  - Review action plans, MCH Guidelines, MCH program expectations
  - Dissemination of county-level trend analyses
  - Networking



# LPHA Agency Planning Meetings



- **Attendance**

- LHA staff
- Local community partners - optional
- MCH Generalist Consultant
- CDPHE EPE Staff via phone

- **Assessment**

- Review MCH checklist (if completed) in planning meeting
- Discuss MCH priorities for plan

- **Plan development**

- Select MCH action plans
- Select evidence-based program strategies or approaches
- Develop goals, SMART objectives, activities, evaluation plans



# LPHA Planning Process



- LPHA drafts action plans and works with Generalist and MCH Implementation Team Leads
- Timeline:
  - ✦ June 1: Submits draft operational plan
  - ✦ July 1: Submits final operational plan
  - ✦ July/August: Plan review and approval
  - ✦ August/September: Contracting process
  - ✦ September: LPHA provides feedback on planning

# Populations Areas:

Child/Adolescent, Women of reproductive age, CYSHCN



- LPHA determines population and MCH priorities based on community health assessment, prioritization process, and funding available.
- Determines which MCH action plan(s) to implement based on priorities identified, community fit, staff capacity/expertise, MCH funding levels
  - MCH Priority Action plans: early childhood obesity prevention, early childhood dental caries, ABCD, pregnancy related depression, teen motor vehicle, youth sexual health
- If a MCH Priority action plan is not selected, then the strategies must be evidence-based and population or infrastructure-level based

# LPHA Plan Implementation & Reporting Process



- Plan is dynamic and can change over time
- Ongoing communication / consultation between MCH Generalist, MCH Implementation Team Lead and LPHA
- Year-end report on plan implementation



# QUESTIONS?



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**Thank you!**



# QUESTIONS?



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## Thank you!